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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

□ Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number					
First Named Invento)ebo	ah Jean Hinten M.D.			
		KNOWN			
Application Number		/ 10/662.113			
Filing Date	Filed-08/06/2003				
Group Art Unit	3	611			
Examiner Name		Jnknown			

As a below named inventor, I hereby declare that: Quick View Pharmaceutical Log							
My residence, post office additi	ess, and citizenship an	e as stated below next to my	name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Rev. Delogal Pour History MD.							
the specification of which (Title of the Invention) (Title of the Invention) OR							
was filed on (MM/DD/YYYY) 08/06/2003 as United States Application Number or PCT International							
Application Number 10/662.113 and was amended on (MM/DD/YYYY). 03/17/2004 (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country	Foreign Filing Date	Priority Not Claimed	Certified Co	ppy Attached? NO		
Number(s)	ALL	01/29/2004	0000	0000	0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:							
Additional foreign application	nnumbers are listed o	n a supplemental priority data	sheet PTO/SB/0	tod helew	reac.		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) issau union.							
Application Number(e)	Filing 0	ate (MM/DD/YYYY)	numbi	onal provision ars are listed o emental priorit SB/02B attach	on:a y data sheet		

(Page 1 of 2) Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time "you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231: DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(37 CFR 1.9(f) & 1.27(b))—IN	DEPENDENT INVE	NTOR	Administration and the second				
Applicant, Patentee, or Identifier.	Rev. Deborah Jea	an Hinten M.D.					
AppCcation or Patent No.: 10/662	2.113	· · · · · · · · · · · · · · · · · · ·					
Filed or Issued: Filed-08/06/2003 Issued-01/29/2004							
Title: Quick View Pharmaceutical Log							
As a below named inventor, I here for purposes of paying reduced fe	eby state that I qualify as es to the Patent and Tra	s an independent inve Idemark Office descri	ntor as defined in 37 CFR 1.9(c) bed in:				
the specification filed here	with with title as listed a	bove.					
the application identified above.							
the patent identified above.							
I have not assigned, granted, com- grant, convey, or license, any rights under 37 CFR 1.9(c) if that persor business concern under 37 CFR 1	s in the invention to any p n had made the inventio	erson who would not on, or to any concern w	qualify as an independent inventor which would not qualify as a small				
Each person, concern, or organize obligation under contract or law to	ation to which I have as: assign, grant, convey,	signed, granted, conv or license any rights i	eyed, or licensed or am under an nithe invention is listed below.				
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I acknowledge the duty to file, in the entitlement to small entity status maintenance fee due after the date	prior to paying, or at th	e time of paying, the	earliest of the issue fee or any				
Rev. Deborah Jean Hinte	en M.D.						
NAMEOFINVENTOR	NAME OF INVENTOR		NAME OF INVENTOR				
Signature of inventor full for	As HINCH	MD	Signature of inventor				
MARCH 17,2004							
Date	Date		Date				